

## *Federal Outcome and PEP Reports Overview*

### Report Name

ICWA Notification

### Report Number

SM10a28 a/b/c

### Performance Measure

Completion of ICWA notification documentation for children in out-of-home placement who are identified as Native American Indian.

### Target Population

Report includes children in an open out-of-home placement during the reporting period that are identified as Native American Indian in the demographic information in their Person Management record. Excludes voluntary kinship care, youth corrections and adult corrections placements.

### National Standard

N/A

### CFSR Performance Item(s)

Permanency Outcome 2, Item 14 – Preserving Connections for Child

### Report Run Cycle

☒ Annual

☒ Quarterly

☐ Monthly

☒ On-Demand

### Report Output

☒ Statewide  
Summary  
(c report)

☒ County/Site  
Summary  
(a report)

☒ Case-Level  
Detail  
(a report)

☒ All County  
Comparison  
(c report)

### Key Columns in Report

Summary	1) Number w/out-of-home safety plan = number with approved safety plan that includes ICWA notification fields 2) Number with tribal representative notified 3) Number with ICWA placement resource information
Case-Level Detail	Excel worksheet showing case ID (Column N), child ID (Column Q), tribe (Columns AA & AB), and out-of-home safety plan approval date (Column AI)

### Other Comments/Considerations

- 1) Report includes four parts:
  - ICWA notification sorted by county
  - ICWA notification by tribe within a county
  - ICWA notification by tribe statewide including by county
- 2) Native American Indian status of children determined by Person Management demographics or if the provider is licensed by an Indian tribe

**Attachments:**

X	Report Field Definitions
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X	Screen Shots
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	Summary Output
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## Report Key– ICWA Notification

County/Site	Calculations are grouped by County and by Site within the County. The County/Site comes from the primary assigned worker at the end of the reporting month. If no primary worker is assigned at the time of CPS Initial Assessment approval, the County/Site comes from most recent supervisory assignment at or prior to the end of the reporting month. If no supervisor is found, the County/Site comes from the most recent secondary assignment at or prior to the end of the reporting month.
Indian Children in Out of Home Placement	<p>Number of children identified as American Indian children who were in Out of Home Placement for at least one day during the reporting period. The report identifies children as being American Indian in one of two ways.</p> <ol style="list-style-type: none"> <li>1) Demographic Identification - Child's Person Management window. If any of the race fields show "American Indian/Alaskan Native", or the ethnicity field shows "Native American", or a value is selected in either of tribe fields.</li> <li>2) Provider Identification - Child is placed with a Provider who has a License Type of "Tribal." If any of the providers, with whom the child was placed during the reporting period has a License Type of "Tribal" on the report run date, the child is pulled into the report.</li> </ol> <p>Children who only have Kinship Care - Voluntary, Youth Correctional Facility, Adult Corrections out of home placements during the reporting period are also excluded.</p>
Indian Tribe	This field groups report calculations by the child's American Indian tribe. The child's American Indian tribe is designated on the child's Person Management window > Basic tab > "Indian Tribe" field.
Number Subject to ICWA (per OH Safety Plan)	Number of children with the "Child is an American Indian child as defined by the Indian Child Welfare Act" checkbox checked on the Out of Home Safety Plan window > Jurisdiction tab.
Number with Tribal Rep. Notified (per OH Safety Plan)	Number of children with the "Tribal Representative Notified" checkbox checked on the Out of Home Safety Plan window > Jurisdiction tab.
Number with "ICWA Placement Provider Options" Information	Number of children with a Preferred Tribal Provider documented on the Out of Home Safety Plan window > Placement tab > in the "ICWA Placement Provider Options" group box.

## Window Screen Shots- ICWA Notification

### Person Management > Basic tab

Person Management 'Brooks, Brad ' ID:20843 -- Web Page Dialog

**eWiSACWIS** Print Spell Check Help

**Basic** Additional AKA Names Address Relationship Kinship/AFCARS Background Check

**Name**

ID: 20843 Prefix: First Name: Brad MI: Last Name: Brooks Suffix: Save as AKA

**Basic**

Gender: Male U.S. Citizen SSN: 987-68-4651

Birth Date: 05/05/1992 Birth Place: Death Date: 00/00/0000

Commitment#: - County Person ID:

Wisconsin Resident: Yes Primary Language: English

Religion: Interpreter Required

Marital Status:

**Ethnicity**

Primary Race: American Indian/Alaskan Native Race: Ethnicity: Native American

Race: Indian Tribe: Lac Courte Oreilles Band

Hispanic/Latino: No Indian Tribe 2: Chippewa Bad River Band Tribal Reference #:

Save Close

id_grpi	tx_desc_lrg
1	Chippewa Bad River Band
2	Lac Courte Oreilles Band
3	Lac Du Flambeau Band
7	Menominee
11	Oneida
12	Other Native American
6	Potawatomi
10	Red Cliff
5	Sokoagon (Mole Lake)
4	St. Croix
8	Stockbridge Munsee
13	Unknown
9	Winnebago (Ho Chunk)

## Out of Home Safety Plan > Jurisdiction tab

Out of Home Safety Plan - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

**eWiSACWIS** Print Spell Check Help

**Plan Information**

Case Name: Brenda Brooks Case ID: 20239 Effective Date:  
 Child Name: Brad Brooks Worker: Frank Fox Status: Pending

**Jurisdiction** Placement Placement Safety

**Jurisdiction**

Is there jurisdiction for court ordered placement? ☒ Yes ☐ No  
 Are parents willing to or have they signed a Voluntary Placement Agreement? ☒ Yes ☐ No

**Placement Conditions**

☐ Child can function within a family setting ☐ Child needs separation from own family network.  
☐ Child needs a family setting ☐ Child can best be served by a group setting.  
☐ Family Relatives/Friends are suitable and available ☒ Child is an American Indian child as defined by the Indian Child Welfare Act.  
☐ Tribal Representative Notified. Date Notified by Mail: 00/00/0000

Options:  Go Save Close

Done Internet

## Out of Home Safety Plan > Placement tab

Out of Home Safety Plan - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

**eWiSACWIS** Print Spell Check Help

**Plan Information**

Case Name: Brenda Brooks Case ID: 20239 Effective Date:  
 Child Name: Brad Brooks Worker: Frank Fox Status: Pending

**Jurisdiction** **Placement** Placement Safety

School district explain why the removal from the child's community was necessary

Provider Name: [Search](#)  
 Provider Address: Street: Apt:  
 City: State: Zip:

**ICWA Placement Provider Options**

	Preferred	Available	Selected
Member of the Indian child's extended family	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Foster Home licensed, approved or specified by Indian Child's Tribe	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Indian Foster Home licensed or approved by non-Indian authority	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Group Home approved or operated by Indian Tribe/Organization	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Institution for children approved or operated by Indian Tribe	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

Options:  Go Save Close

Done Internet